



STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

Residential Contractor Division

237 Coliseum Drive, Macon, GA 31217

844-753-7825

www.sos.ga.gov/index.php/licensing/plb/46

RESIDENTIAL BASIC INDIVIDUAL RECIPROCITY APPLICATION

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications are valid for one (1) year from date of receipt.

LICENSES REQUIRED

Licenses are required for persons who contract for any residential (residential-basic or residential-light commercial) or general contracting business. See O.C.G.A § 43-41-2 in the Board Law, as well as the Board's rules for definitions.

SECTION 1: PERSONAL INFORMATION

Please be sure to complete all information including your preferred email address for communication with Board staff. All applicants must be a minimum of 21 years old.

The Board has reciprocal agreements with the following states:

LOUISIANA – Residential Building Contractors license issued by the Louisiana State Licensing Board for Contractors.

MISSISSIPPI – Residential Building Contractors license issued by the Mississippi State Board of Contractors.

SOUTH CAROLINA – Residential Builders license issued by the South Carolina Residential Builders Commission.

To be eligible for reciprocity, the applicant must have held an active license for the past three years that was issued on the basis of examination and has not been penalized by the Board for violations of the law for the past three years.

Submit a letter of verification from the licensing board that administered the examination. Copies of your state license, wall certificate or examination scores are **not acceptable**.

Upon approval of your application by the Board, you must schedule and pass the Georgia Business and Law exam prior to licensure.

SECTION 2: AFFILIATIONS



Please be aware that an individual license will NOT give you the ability to perform work on behalf of ANY company. A business organization must have at least one qualifying agent licensed to receive a license authorizing the business organization to engage in residential contracting. This includes limited liability companies (LLC) and corporations (INC), even if you are the only owner.

In order to perform work on behalf of a business organization (any limited liability company, corporation, partnership, business trust, joint venture, or other legal entity other than an individual person doing business as a sole proprietorship), you must submit the Qualifying Agent application.

Applicants must submit names of all persons, entities and business organizations you will be affiliated with as a licensed residential contractor or general contractor. "Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent. *See O.C.G.A § 43-41-6(e)*

SECTION 3: WORK EXPERIENCE

Applicants must show at least two years of proven experience working as or in the employment of a residential contractor, predominantly in the residential basic category. List your employer information beginning with your current employer and your current experience should end in "Present".

SECTION 4: EMPLOYMENT/PROJECT AFFIDAVIT

You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required number of years.

SECTION 5: FINANCIAL RESPONSIBILITY

All questions must be answered. Submit additional documentation as requested in the application.

Applicants must obtain general liability insurance in a minimum amount of \$300,000 per occurrence and **submit a signed, current certificate of insurance with your application**. Binders, information pages, policies and declaration pages are not acceptable. Since you are applying as an individual, you must be individually shown as the insured. The certificate must list the State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 as the certificate holder. Also, the applicant must submit proof of workers compensation insurance, if the applicant is currently required by Georgia law to have such.

A blank Bank Credit Reference form is available online at our website listed above, along with a sample Surety Bond, and Line of Credit sample letter.

SECTION 6: PERSONAL HISTORY

All questions must be answered. Submit additional documentation as requested in the application.

SECTION 7: APPLICANT AFFIDAVIT

Georgia law requires that the Board verify lawful presence in the U.S. of any natural person 18 years or older who has applied for a state benefit, such as a license, certificate, or registration. See O.C.G.A. §50-36-1.

All applicants are required to submit a copy of a **Secure and Verifiable Document (SVD)** with this application such as a Driver's License, Passport, or other document OR a copy of current immigration document(s) which includes either an Alien number or I-94 number and SEVIS number if needed. *See O.C.G.A. § 50-36-2.*

VETERANS' PREFERENCE POINTS

Veterans may be eligible for Veterans' Preference Points to be applied to their examination scores if they served on active duty in the Armed Forces, Reserves or National Guard for at least 90 days during wartime or during any conflict when military personnel were committed by the President and either served on active duty for at least one year or was discharged for injury or illness incurred in the line of duty. To apply for veterans' preference points, submit a completed copy of the DD-214 form with the application.

DISABILITY ACCOMMODATION

Persons who have a disability and may require accommodation should obtain the *Request for Disability Accommodation Guidelines* form on the Board's website under Application/Form Downloads.

RESIDENTIAL BASIC INDIVIDUAL RECIPROCITY APPLICATION

••• APPLICATION CHECKLIST•••

Applications are valid for one (1) year from date of receipt.

The Board cannot process incomplete applications. If any item is missing, incomplete, or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct.

Please use this checklist to ensure that you submit a **COMPLETE** application. Do not submit this checklist or instruction pages with your application.

- ☐ Read the Board law and rules thoroughly before completing the application. They are available online at www.sos.ga.gov/index.php/licensing/plb/46. You are responsible for knowing the Board law and rules for your profession.
- ☐ Complete each question and each section of the application. Sign the application and have your signature notarized. All items on the application should be typed or printed.
- ☐ Verification of licensure from the reciprocal state. Copies of your state license, wall certificate or examination scores are not acceptable.
- ☐ Certificate of insurance.
 - Applicant must be individually shown as the insured and not a business organization.
 - Current dates of coverage and signed by the insurance agent/representative.
 - General liability insurance in a minimum amount of \$300,000 per occurrence.
 - The State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 must be listed as the certificate holder.
- ☐ Secure and Verifiable Document (SVD) such as a Driver's License, Passport, or other acceptable document.
 - OR a copy of current immigration document(s) which includes either an Alien number or I-94 number and SEVIS number if needed, such as a Permanent Resident Card (front and back)
- ☐ Non-refundable \$200.00 application fee by check or money order payable to State Licensing Board for Residential and General Contractors. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.
- ☐ Mail completed application and supporting documents in a 9 X 12 envelope, unstapled and unfolded.

ADDITIONAL OPTIONAL DOCUMENTATION

- ☐ Military form DD-214, if you wish to apply for veterans' preference points

**** KEEP A COPY OF YOUR COMPLETED APPLICATION AND SUPPORTING DOCUMENTS FOR YOUR RECORDS** - All original materials will be retained by our office and will not be returned to you.

NOTE: After reading the Board law, rules, and all other information listed above, if you have further questions, please contact the Board office at 844-753-7825.



STATE LICENSING BOARD FOR
RESIDENTIAL AND GENERAL CONTRACTORS
Residential Contractors Division
237 Coliseum Drive, Macon, GA 31217-3858
844-753-7825
www.sos.ga.gov/index.php/licensing/plb/46

Date Entered _____
Receipt # _____
Submitted \$ _____
Date Issued _____

RESIDENTIAL BASIC INDIVIDUAL RECIPROCITY APPLICATION

Application Fee \$200.00 (non-refundable)

Applications are valid for one (1) year from date of receipt.

License Type:

☒ Individual

Method Obtained by: ☒ Reciprocity

SECTION 1: PERSONAL INFORMATION

1. Legal Name to
Appear on License:

FIRST MIDDLE LAST SUFFIX

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

FIRST MIDDLE LAST SUFFIX / MAIDEN

3. Social Security*:

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Date of Birth:

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*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 et seq. and O.C.G.A. § 20-3-295 et seq., 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 1001.

M M D D Y Y Y Y

4. Physical Address:

(PO BOX NOT ACCEPTABLE)

NUMBER AND STREET

APT OR SUITE#

CITY

STATE

ZIP

5. Mailing Address:

(if different)

NUMBER AND STREET OR PO BOX

APT OR SUITE#

CITY

STATE

ZIP

6. Daytime Phone#:

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Business or Cell
Phone#:

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7. Email Address: _____

8. ☐ Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

9. ☐ Please check this box if you are requesting Veterans' Preference Points. Attached is a copy of my DD-214.

10. ☐ Please check this box if you are at least 21 years of age.

11. I have obtained licensure by examination in:

☐ Louisiana

License # _____

☐ Mississippi

License # _____

☐ South Carolina

License # _____

SECTION 2: AFFILIATIONS

Applicant Name: _____

☐ YES ☐ NO

1. Will you be conducting business as a sole proprietorship using a trade name? **If YES**, list the trade name and physical address of the company with which you will be affiliated through this license.

TRADE NAME_____
NUMBER AND STREET (PO BOX NOT ACCEPTABLE)_____
APT OR SUITE#_____
CITY_____
STATE_____
ZIP

Please be aware that an individual license will NOT give you the ability to perform work on behalf of ANY company. A business organization must have at least one qualifying agent licensed to receive a license authorizing the business organization to engage in residential contracting. This includes limited liability companies (LLC) and corporations (INC), even if you are the only owner.

In order to perform work on behalf of a business organization (any limited liability company, corporation, partnership, business trust, joint venture, or other legal entity other than an individual person doing business as a sole proprietorship), you must submit the Qualifying Agent application.

☐ YES ☐ NO

2. Will you be affiliated with any persons, entities, or business organizations as a licensed residential contractor or general contractor? **If YES**, list your affiliations. ("Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent.)

Name of Person, Entity, or Business Organization	Type of Affiliation					
	Employee	Owner (please list ownership %)	Director	Partner (please list ownership %)	Member	Qualifying Agent

☐ YES ☐ NO

3. Do you hold any professional certifications? **If YES**, please list them.

SECTION 3: WORK EXPERIENCE**Applicant Name:**

- Applicants must show at least two (2) years of proven experience.
- Describe the type work you performed, not specific projects. List the dates you have been employed with the employer listed, NOT the dates you began and completed a particular project. Your current experience should end in "Present".

Employer Name:	Dates Employed	From: (mo/yr)	To: (mo/yr)
Employer Address:	Direct Supervisor:		
City, State, Zip:	Applicant's Position/Job Title:		
Type of Work Performed, Duties, and Responsibilities:			

Employer Name:	Dates Employed	From: (mo/yr)	To: (mo/yr)
Employer Address:	Direct Supervisor:		
City, State, Zip:	Applicant's Position/Job Title:		
Type of Work Performed, Duties, and Responsibilities:			

Employer Name:	Dates Employed	From: (mo/yr)	To: (mo/yr)
Employer Address:	Direct Supervisor:		
City, State, Zip:	Applicant's Position/Job Title:		
Type of Work Performed, Duties, and Responsibilities:			

Employer Name:	Dates Employed	From: (mo/yr)	To: (mo/yr)
Employer Address:	Direct Supervisor:		
City, State, Zip:	Applicant's Position/Job Title:		
Type of Work Performed, Duties, and Responsibilities:			

SECTION 4: EMPLOYMENT/PROJECTS AFFIDAVIT

O.C.G.A. §§ 43-41-6(b)(3) and (b)(4) states:

“[To be eligible as a residential-basic contractor, a person must] (3)[have] at least two years of proven experience working as or in the employment of a residential contractor, predominantly in the residential-basic category, or other proven experience deemed substantially similar by the division; and (4) [have] had significant responsibility for the successful performance and completion of at least two projects falling within the residential-basic category in the two years immediately preceding application.”

I, _____
Printed Name of Residential Contractor (not a company name)

solemnly attest and affirm that _____
Printed Name of Applicant

meets the above stated requirements of O.C.G.A. §§ 43-41-6(b)(3) and (b)(4).

Signature of Applicant

Signature of Residential Contractor

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____

NOTARY PUBLIC

My Commission Expires:

O.C.G.A. §45-17-6 requires legible seals for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL

NOTE: You may sign the affidavit as both the applicant and contractor **ONLY** if you have been self-employed for the required number of years.

SECTION 5: FINANCIAL RESPONSIBILITY

Applicant Name: _____

- ☐ YES ☐ NO 1. Do your total assets (what is owned) exceed your total liabilities (what is owed)?
If NO, submit a letter of explanation.
- ☐ YES ☐ NO 2. Have you paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law?
If NO, submit a letter of explanation and any supporting documentation.
- ☐ YES ☐ NO 3. Have you paid all judgments, taxes, student loans or child support payments as required by law?
If NO, submit a letter of explanation and any supporting documentation.
- ☐ YES ☐ NO 4. Have you personally, as an individual, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under the bankruptcy laws during the last 10 years?
If YES, submit a letter of explanation, discharge documents, and schedules A, B, D, and F.
- ☐ YES ☐ NO 5. In order to satisfy the financial responsibility requirement, do you affirm you have a minimum net worth of \$25,000 as an individual?
If NO, submit one of the following to satisfy the financial responsibility requirement. (select one)
- ☐ a. Bank Credit Reference Form, reflecting 24 months' history;
 - ☐ b. \$25,000 Surety Bond;
 - ☐ c. \$25,000 Line of Credit Letter; or
 - ☐ d. \$25,000 Letter of Credit.
- * Please note** – A blank Bank Credit Reference Form, sample Surety Bond, and Line of Credit sample letter is available for download from the Board's website.
- ☐ YES ☐ NO 6. Have you submitted a certificate of insurance documenting that you currently carry general liability insurance in a minimum amount of \$300,000 per occurrence? **If NO**, your application will be considered incomplete until received.
- ☐ YES ☐ NO 7. Do you have less than 3 employees (which does not require workers compensation insurance by state law)?
If NO, submit a certificate of insurance documenting your workers' compensation coverage.

SECTION 6: PERSONAL HISTORY

Applicant Name: _____

- ☐ YES ☐ NO 1. Are you of good moral character and otherwise qualified as to competency, ability, integrity and financial responsibility?
- ☐ YES ☐ NO 2. Do you have at least two years of proven experience working as or in the employment of a residential contractor, predominantly in the residential-basic category, or other proven experience deemed substantially similar by the Division?
If NO, submit a letter of explanation.
- ☐ YES ☐ NO 3. Have you been significantly responsible for the successful performance and completion of at least two projects falling within the residential-basic category in the two years immediately preceding application?
If NO, submit a letter of explanation.
- ☐ YES ☐ NO 4. Have you submitted a letter of license verification from the licensing board in a state with which Georgia reciprocates (Louisiana, Mississippi, or South Carolina)?
If NO, your application will be considered incomplete until received.
- ☐ YES ☐ NO 5. Have you ever been arrested, charged, convicted, sentenced, entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, or any offense other than a minor traffic violation? (DUI and DWI are not minor traffic violations.)

If YES, you must submit the following:
a. Submit a letter of explanation for each offence.
b. Submit a certified copy of court documents showing arrest, dismissal or final court disposition - conviction/sentencing documents.
c. Submit a statement (on official letterhead) from your probation/parole officer regarding your current status or completion of any probation/parole.
- ☐ YES ☐ NO 6. Has any licensing board or agency in Georgia or any other state ever: a) Denied issuance of licensure, renewal, or reinstatement; b) Revoked, suspended, restricted, sanctioned, or probated your license; c) Requested or accepted surrender of your license; d) Reprimanded, fined, or disciplined you?
If YES, submit a letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents.

SECTION 7: APPLICANT AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

1. _____ I am a United States citizen.

Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.

2. _____ I am not a United States citizen.

I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Printed Name of Applicant

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____

NOTARY PUBLIC

My Commission Expires:

O.C.G.A. § 45-17-6 requires legible seals for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL